



Charting New Directions



Governor's Healthcare Workforce Summit Monograph

Table of Contents

Overview	1
Defining the Problem	2
Strategy: Recruitment and Attraction	6
<i>Recommended Initiative:</i> Tap Into Diversity By Actively Recruiting Men	6
<i>Recommended Initiative:</i> Engage Higher Education and Industry Trainers in Assessing Availability of Off-Hours Training and Education Opportunities	6
<i>Recommended Initiative:</i> Increase Distance Learning Programs	7
Strategy: Retention	9
<i>Recommended Initiative:</i> Expansion of Technology to Reduce Employee Stress and Medical Error	9
<i>Recommended Initiative:</i> Enhance Workplace Culture through Mentoring Programs for New Employees	
Strategy: Professional Development	12
<i>Recommended Initiative:</i> Create a Clearinghouse of Training Opportunities	12
<i>Recommended Initiative:</i> Expand Career Pathway Programs to Other Populations	13
Strategy: State Policy and Financial Incentives	18
<i>Recommended Initiative:</i> Encourage and Educate K-12 Students to Study Math and Science So That They Will Be Prepared to Enter Training Opportunities in Healthcare	18
<i>Recommended Initiative:</i> Link Healthcare Scholarships to Maryland Employment	19
Strategy: Military Healthcare Worker Transition	22
<i>Recommended Initiative:</i> Assist Transitioning Military Healthcare Personnel and Their Spouses in Obtaining Employment in Maryland's Healthcare Industry	22



Over the past year, the Maryland Governor's Workforce Investment Board has recruited employers, State licensing boards, education representatives, the U.S. Department of Labor, the U.S. Department of Defense, and allied State agencies to form a Healthcare Workforce Steering Committee to plan the Governor's Healthcare Workforce Summit. The Summit, on August 28th, 2003 will bring together, for the first time in Maryland, all the key stakeholders in the healthcare industry — employers, workers, licensing and certification organizations, and the public sector — with the common goal of effecting measurable change in the workforce crisis evident in Maryland's healthcare industry.

The Governor's Healthcare Workforce Summit will assemble approximately 150 invitees representing over 650 employers, as well as representatives from State licensing boards, State educational systems, and relevant State agencies to deliberate on strategies to increase the number of healthcare workers. As a result of the Summit, participants will be assigned concrete deliverables to advance real change in the employment and training of workers in the healthcare industry.

In advance of the Summit date, the Healthcare Workforce Steering Committee has documented the current extent of the healthcare worker shortage and forecasted the future situation. In addition, the Steering Committee has researched different strategies and the best practices of other states in addressing this issue.

The Healthcare Steering Committee has, over the past year, identified workforce strategies and voted on which ones were the most effective for the State of Maryland. In addition, the Committee has voted on which actions within each strategy should be pursued. The compilation of this agreed-upon information formed this document, the Maryland Governor's Healthcare Workforce Summit Monograph. This is a working document that will continue to be updated.

The Governor's Healthcare Workforce Summit Monograph is designed to give stakeholders a jumping off point for discussions at the Healthcare Workforce Summit on August 28, 2003. The Monograph documents the current situation in the healthcare industry as well as the future of the industry if there are no interventions. It details the Healthcare Steering Committee's recommended strategies and actions.

The invitees to the Summit are varied but all are key stakeholders in the healthcare workforce shortage. We understand that the healthcare workforce shortage is not only a workforce and economic issue but also a critical quality of life issue in Maryland. Thank you for agreeing to attend this important Summit and contribute to the expert knowledge.

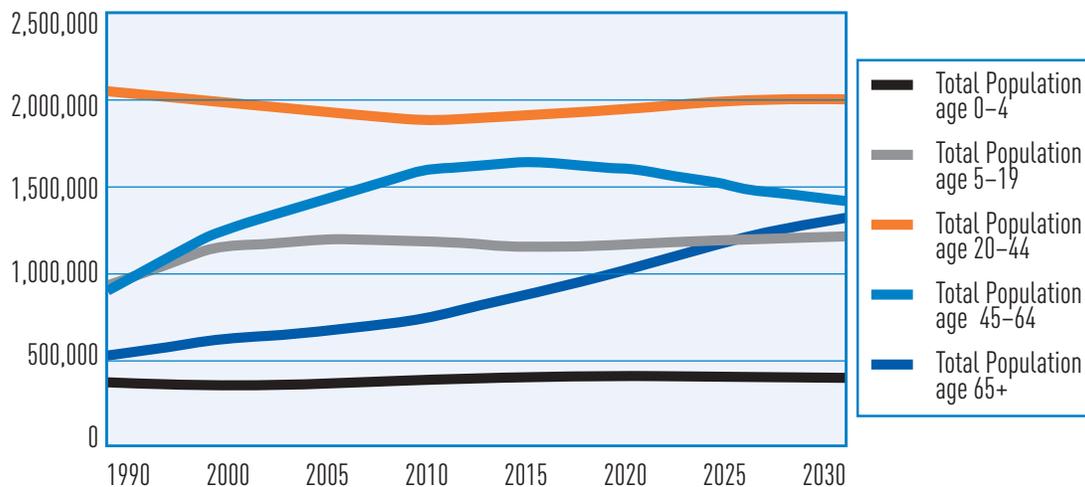
Defining the Problem

We are currently experiencing a skilled healthcare worker shortage, which will only grow larger in the future if no decisive actions are taken today. This is not a problem unique to Maryland. Most states, in fact most countries, are experiencing the same skilled worker shortage in the healthcare industry.

The reason for this shortage is that fewer people are entering the healthcare industry and more people are utilizing the services of the healthcare

industry. Maryland's population is aging. The number of people in Maryland age 65 and older in 1990 was approximately 514,300. In 2030, it is expected to be 1,328,510. That is a 158% increase from the 1990 figure. In addition, the number of people in Maryland age 20–44 (prime working age) in 1990 was 2,046,100 and in 2030 is expected to be 2,018,900 or a 1% decrease (see figure A). This means that, in 2030, there will be more elderly people in Maryland needing care and fewer people of prime working age to care for them.

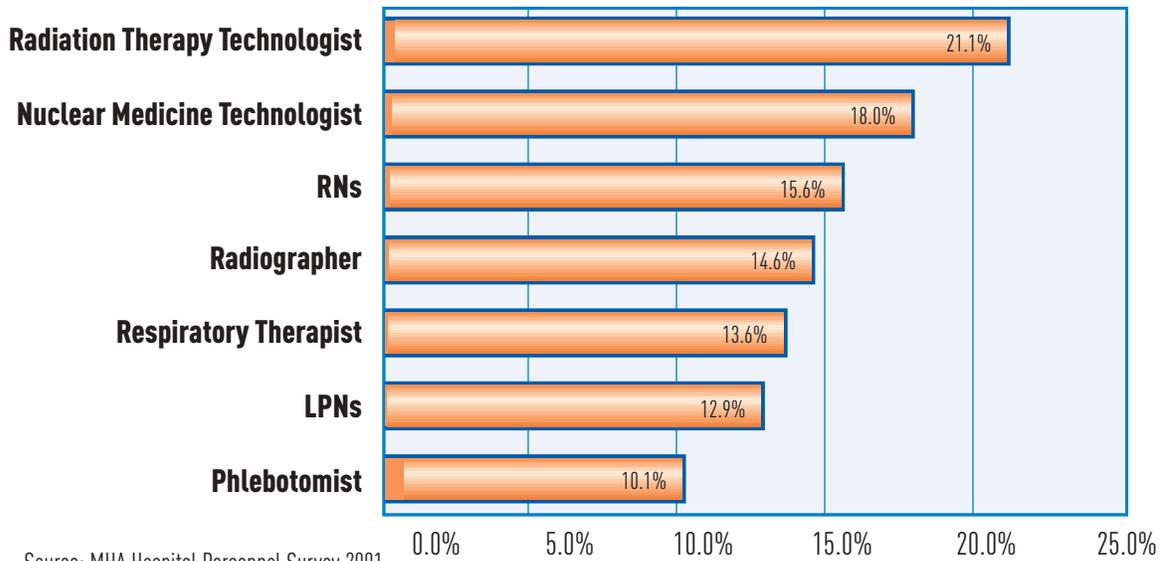
Figure A. Maryland Population By Age from 1990–2030



Within the healthcare industry, the number of available healthcare workers is experiencing a sharp decrease. In June 2001, up to 126,000 nurses were needed in the Nation by hospitals alone (American Hospital Association, 2002). The vacancy rate in Maryland for nurses during that time was 15.6% or about 1,900 full-time nurses (Maryland Hospital Association, 2002). Other

healthcare occupations are experiencing the same shortages. During the same time, the radiation therapy technologist occupation was experiencing a 21.1% vacancy rate. The Licensed Practical Nurse occupation was experiencing a 12.9% vacancy rate (see figure B). Again, this is only for hospitals. This does not account for vacancies in doctor's offices, long-term care facilities, or rehabilitation facilities.

Figure B. Vacancy Rates for Selected Maryland Healthcare Occupations: June 2001



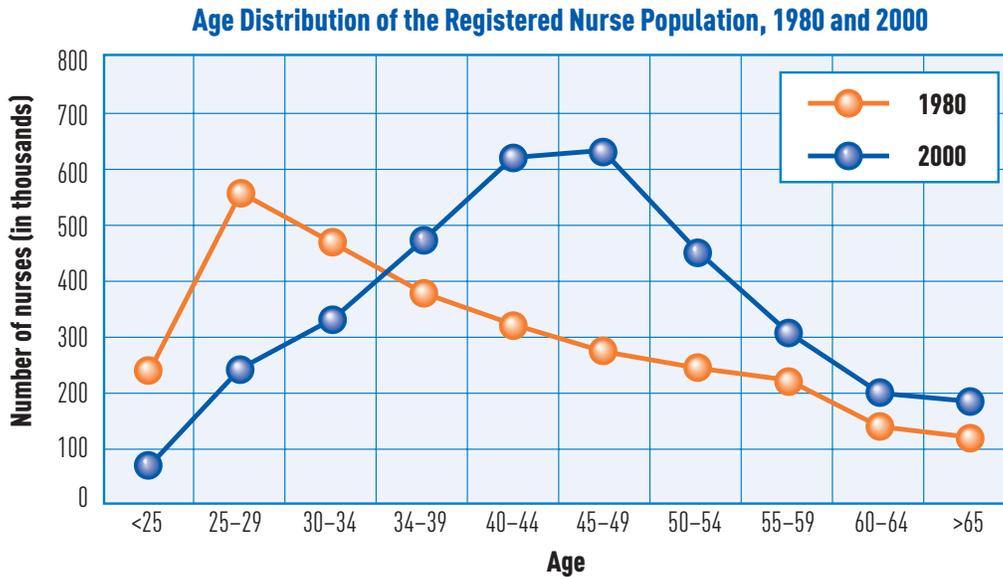
The current population of healthcare workers is overwhelmingly white, older women (see figures C and D). According to the 2000 National Sample Survey of Registered Nurses, only 12.3% of Registered Nurses represent ethnic or minority groups, although these groups are approaching 33% of the population.¹ This white, older, female

segment of the population is likely to work part-time or retire in the near future. We currently do not have the people being trained to replace them. Not only will we not be able to meet the burgeoning healthcare needs of an aging population, we will be unable to retain the current, inadequate, number of healthcare employees.



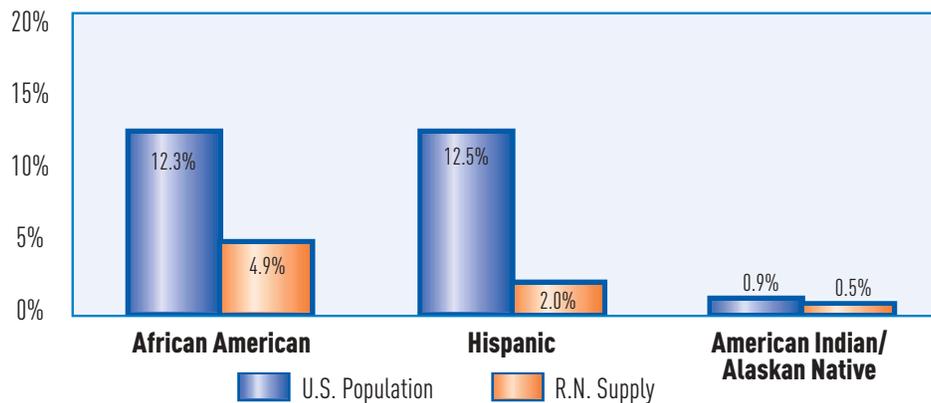
¹ American Association of Colleges in Nursing, "Effective Strategies for Increasing Diversity in Nursing Programs". AACN Issue Bulletin. December 2001. www.aacn.nche.edu/Publications. Accessed July 2003.

Figure C. Age range of nurses in the healthcare industry: March 2000



*Source: HRSA, the Registered Nurse Population: National Sample Survey of Registered Nurses, March 2000

Figure D. Percentage of Minorities in Population and in the Nursing Workforce: 2000

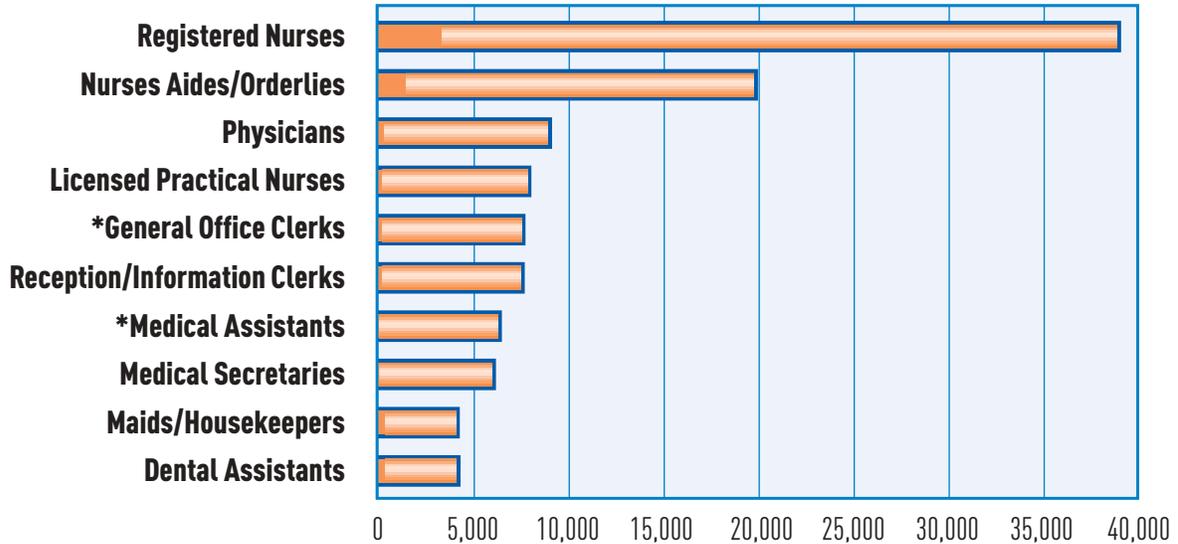


The Maryland Department of Labor, Licensing and Regulation estimates that, by 2006, the Maryland health services industry will employ 1 of 12 wage and salary workers and 1 out of every new job

created in Maryland will be in this industry. This projected rate of growth is 19.2%, adding 37,000 new jobs in the Maryland healthcare industry.²

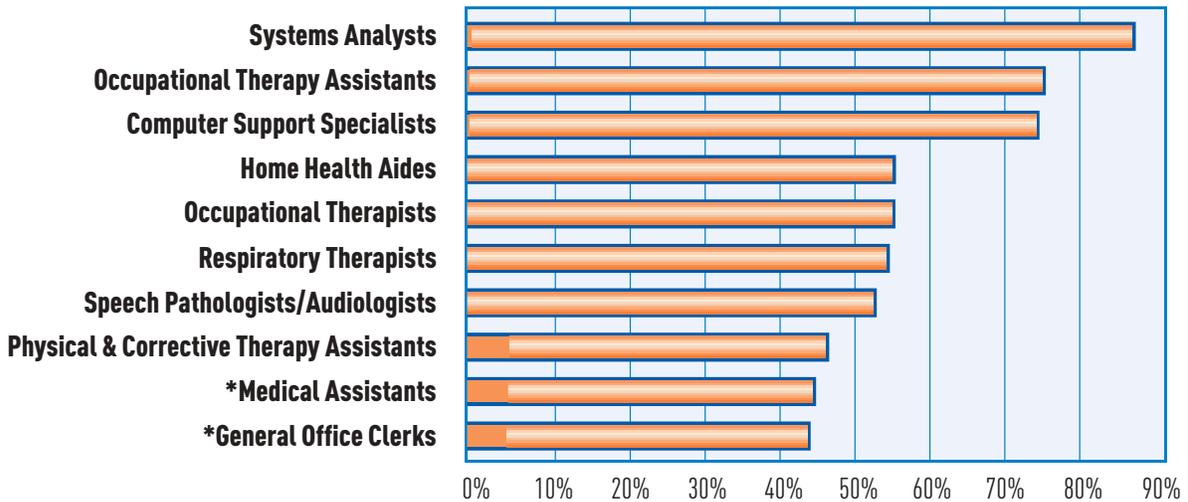
² Maryland Department of Labor, Licensing, and Regulation. "The Health Services Industry (SIC 80) 2006 Projections". Health Services Industry 2006 Projections. www.dlrr.state.md.us/lmi/workinginhealth/healthservices_industry2006pr.htm. Last updated July 3, 2002. Accessed August 2003.

Ten Occupations With Highest Employment in the Health Services Industry in 2006 (SIC 80).²



*Also among the top 10 fastest growing occupations.

Ten Fastest Growing Occupations in the Health Services Industry (SIC 80), 1996–2006.²



*Also among the top 10 occupations with highest 2006 employment.

² Maryland Department of Labor Licensing, and Regulation. "The Health Services Industry (SIC 80) 2006 Projections". Health Services Industry 2006 Projections. www.dllr.state.md.us/lmi/workinginhealth/healthservices_industry2006pr.htm. Last updated July 3, 2002. Accessed August 2003.

Strategy: Recruitment and Attraction

RECOMMENDED INITIATIVE:

Tap Into Diversity By Actively Recruiting Men

As mentioned above, the majority of healthcare workers are currently white women. In order to increase the numbers of healthcare workers, we need to actively recruit minorities and men, both of whom are drastically underrepresented in the healthcare industry. In addition, since much of our current healthcare workforce will be retiring in the near future, we need to attract retiring workers to stay in the industry, if only part-time.

Males make up half of our population and only about 5.5% of the nursing workforce. This is up from 2.7% in 1980 but is still small progress.³ If the healthcare industry in Maryland could recruit

more men into the field, it would greatly reduce the healthcare workforce shortage. In Maryland, in 2001, there were 57,306 nurses (RNs and LPNs). Only 2,991 (or 5%) of these nurses were male.⁴ Actively recruiting men into the healthcare industry will have an immediate and extensive effect on the current worker shortage crisis.

RECOMMENDED INITIATIVE:

Engage Higher Education and Industry Trainers in Assessing Availability of Off-Hours Training and Education Opportunities.

Today, healthcare organizations are looking for ways to attract non-traditional personnel, such as older workers, into the allied health and nursing fields. One way to make these careers more interesting is to develop programs where students can

FIRST STEPS: MARYLAND

Two years ago, Shore Health Systems on Maryland's Eastern Shore, received a five-year \$600,000 Nurse Support Program grant from the state to develop ways to recruit and retain nurses. One of the focuses of Shore Health's proposal was to look for ways to recruit more minorities and men. The hospital has established and is continuing to establish programs to accomplish this goal.

For example, Shore Health, has established healthcare clubs and internships (students receive grades for the internships) in partnership with high schools in five area counties. The healthcare clubs are interactive and fifty percent of the club members are male students. All of the meetings are held at the hospital to make it easier for speakers to talk with the students and to give students exposure to hospital equipment. The students enjoy these meetings because they are interested in the high tech healthcare jobs, such as radiology, etc. In order to attract more male students, Shore Health tries to bring in men who are in the allied health and nursing fields at the hospital to serve as role models.

Shore Health is also working on outreach to EMTs and Paramedics. Through this program, Shore Health is developing a bridge course for paramedics to move into the allied health and nursing fields so that they don't have to start their schooling all over again.⁵

³ WRAL.com, "More Men Opting for Nursing Careers". www.wral.com/health. July 18, 2003. Accessed July 24, 2003.

⁴ "Men in Nursing—Statistical Analysis". Male Nurse Magazine. www.malenursemagazine.com/stats.html. Accessed July 2003.

⁵ Cynthia Watson, Shore Health Systems.



attend classes at times that are convenient for them. At the sixteen Maryland community colleges, where the average student age is 28, opportunities abound to take classes during the evening or on weekends. And, some hospitals may have on-site trainers, who can be scheduled during times that are convenient for incumbent workers. Programs such as the STEP program (mentioned in

another section of this paper) allow workers to be paid full-time salaries while working 24 hours a week and take classes for 16 hours a week, all during their regular work day.

RECOMMENDED INITIATIVE: Increase Distance Learning Programs

One of the most pressing problems in rural areas is transportation to and from classes. This prevents people from advancing their education and moving into jobs with better pay and better opportunity for advancement and adds to the workforce shortage. Training for certain fields is not offered at every community college and university in Maryland, which also limits the training opportunities for students. One solution is to offer “distance learning” classes, where people can take classes via the computer. This approach is gaining momentum.

FIRST STEPS: MARYLAND

Many of the sixteen community colleges have online courses available to students. In addition, the Maryland Association of Community Colleges has developed a website — www.marylandonline.com — to provide a central location for students to take online courses. The website has a section called “health professions,” but nothing has been placed there yet.⁶



⁶ Maryland Association of Community Colleges, www.mdacc.org.

FIRST STEPS: MARYLAND

The University of Maryland University College (UMUC) has excelled at providing higher education to working adult students through distance learning since 1947. With more than 87,000 students in 29 countries, including the United States, UMUC is truly a “global university.” It is the second largest of 13 institutions in the University System of Maryland, with world headquarters in Adelphi, Maryland. The Maryland Higher Education Commission projects that UMUC students in the United States will account for one-third of all students enrolled in the University System of Maryland institutions by 2011.

Today more than 500 online courses – comprising 85 undergraduate and graduate degree and certificate programs – can be completed online, in addition to a comprehensive array of online student services, including information/library services with over 90 databases, for all UMUC students, whether they attend traditional classes or “virtual” ones. Last year, students occupied more than 100,000 online enrollments online at UMUC. Online graduate degrees include: MS in Health Care Administration, MS in Management with a health care administration track, a dual MS in Health Care Administration and MBA, plus a graduate Health Care Administration certificate.

In 2000, the University of Maryland University College was awarded the highest web-based education award, the Sloan Consortium Asynchronous Learning Network Award for Institute-Wide Programming. That same year, Forbes magazine rated UMUC’s website the “Forbes Favorite” in Higher Education and a UMUC student a Best of the Web “virtual graduate student.”⁷

FIRST STEPS: MARYLAND

The University of Maryland School of Nursing offers a web-based RN to BSN degree program, which is certified by the Southern Regional Electronic Board’s Electronic Campus (SREB EC) and meets their principles of good practice in distance education. Students enrolled in the web-based RN to BSN degree program are not required to attend most classes at the campus; but will work with a preceptor in their geographic area to complete any clinical requirements.

Another online program available is the nursing transition course advanced placement option for RNs licensed in Maryland who graduated from associate degree or diploma programs more than seven years ago or RNs who graduated from non-NLN-accredited programs outside Maryland. Transition courses are designed to review and update both general education and nursing content. Following completion of the third transition course, students have two years to enroll in the program.⁸

⁷ Andrea Martino, University of Maryland University College.

⁸ University of Maryland School of Nursing Website. www.nursing.umaryland.edu.

Strategy: Retention

Currently many people are not entering or leaving the healthcare industry because they feel the work is too demanding, undervalued, or ill paid. Some of this is perception. Some of this is truth. There are steps we can take to retain our current healthcare workers.

RECOMMENDED INITIATIVE:

Expansion of Technology to Reduce Employee Stress and Medical Error

Technological advancements are making healthcare occupations less physically demanding as well as reducing tedious paperwork. These advances, however, need to be more widespread.

One common complaint of healthcare workers is the amount of paperwork that must be done on the job. A study commissioned by the American Hospital Association in 2001 found that for every hour of patient care, 30–60 minutes of additional paperwork was generated for nurses.⁹ Not only is the paperwork tedious and burdensome but it also takes away from the amount of time the worker can spend directly with the patient. Medical informatics, or technology in the healthcare field, is quickly becoming more widely used so as to avoid human errors, increase efficiency, and ease the burden of the front line healthcare worker. In addition, the increased use of technology and the resulting efficiency helps to mitigate the shortage of healthcare workers.

The healthcare industry, however, has been slow to embrace technology. In 1999, other industries that are equally dependent on storing and utilizing information devoted 10–15% of their capital and operating budgets to improving and expanding technology in their industry. The healthcare industry, on the other hand, devoted only 2–3%.¹⁰ This is changing, however. Those healthcare organizations that were surveyed by Hospitals and Health Networks Most Wired Magazine reported that they had earmarked 18% of their total capital budget for 2003 for technological advances, up from 16% in 2001.¹¹ (Those who responded to the survey may be more technologically savvy organizations than healthcare organizations on average.)

The use of technology in the healthcare workplace aids the healthcare worker by lessening the paperwork and increasing the efficiency of the worker but also relieves some of the stress the worker feels because it lessens the amount of errors that can occur.¹² This can lead to increased retention of the healthcare staff.



⁹ California HealthCare Foundation, "The Nursing Shortage: Can Technology Help?", June 2002, www.chcf.org, accessed July 2003.

¹⁰ Masys, Daniel R., "Effects of Current and Future Information Technologies on the Health Care Workforce", Health Care Workforce Information Technologies, September/October 2002.

¹¹ Landro, Laura. "Most Wired' Hospitals Enhance Patient Care through Technology". The Wall Street Journal Online. July 14, 2003. www.wsj.com, accessed July 14, 2003.

¹² California HealthCare Foundation, "The Nursing Shortage: Can Technology Help?", June 2002, www.chcf.org, accessed July 2003.¹⁵ California HealthCare Foundation, "The Nursing Shortage: Can Technology Help?", June 2002, www.chcf.org, accessed July 2003.

Technology can, and has, been used in the health-care workplace in the following areas: “nurse scheduling, mobile communication, patient education, messaging functionality, medication administration, clinical decision support function-

ality, computerized physician order entry (CPOE), automated nursing documentation, [and] computerized patient record (CPR)/clinical data repository (CDR)”.¹³

FIRST STEPS: MARYLAND

In July 2002, Anne Arundel Medical Center was named one of the top 100 Most Wired hospitals. The hospital uses advanced technology such as the Picture Archiving and Communication System (PACS), which stores and transmits radiology images. In addition, the hospital uses an inventory system called Par Excellence, which tracks where all of the medical equipment is stored and being used. Anne Arundel Medical Center also uses a mobile intranet system so that medical staff can have instant access to each other and access to patient medical records while at the bedside.¹⁴

FIRST STEPS: MARYLAND

The Veterans Affairs (VA) Maryland Health Care Systems is using advanced clinical technology to revolutionize patient care. As clinical informatics and the systems in this field emerge, medical facilities are putting greater emphasis on the technology that improves communication and decision-making among care providers and administrators. The Health Care system is doing its part to transform itself into a virtually paperless delivery system by computerizing everything from patient records to diagnostic imaging to medication administration.

The Computerized Patient Records System, also known as CPRS, is a comprehensive clinical software package with multiple applications that was implemented to enhance the quality and efficiency of care. Launched in 1998, CPRS allows VA clinicians to create, edit and view patients' information, progress notes, orders and results data. Information such as alerts, notifications, advanced directives, future appointments, demographic data and current medications are also available to the user on a single screen. Scanning through the pages of a patient's virtual chart, a clinician is able to add new orders, review problems and write progress notes in several formats. A user-friendly, integrated package that enhances and expedites decision-making capabilities for frontline clinicians, CPRS is changing the face of medical care at the VA Medical Health Care System.

Another automated system that is advancing the VA Medical Health Care System toward a paperless environment is the Bar Code Medication Administration (BCMA). A point-of-care system for validating medication administration, BCMA utilizes bar code readers that scan patient's wristbands to validate that the correct medications are ordered, in the correct dosage and given to the correct patient at the right time. Medication administration history is also updated automatically through the BCMA system.

¹³ California HealthCare Foundation, “The Nursing Shortage: Can Technology Help?”, June 2002, www.chcf.org, accessed July 2003.

¹⁴ Anne Arundel Medical Center Press Release, “Anne Arundel Medical Center Named Among the Nation's “Most Wired” Hospitals”, July 26, 2002.

FIRST STEPS: MARYLAND

In 1999, four units merged into the Department of Gynecology and Obstetrics at Johns Hopkins Hospital in Baltimore. As a result, coordinating the scheduling shifts and staffing skill levels became increasingly complex. The Department of Nursing, therefore, implemented the Nightingale scheduling system (made by VasTech in Annapolis). With this system, nurses enter their scheduling preferences via the Internet at their convenience. In addition, the system has stored the skill level information for each worker and remembers his or her preferences. The administrators enter in the staffing requirements, including skill levels, for each shift. The system then creates a schedule that matches the preferences of the staff with the staffing and skill level needs to produce a schedule that meets everyone's needs. Before the Nightingale system, it took approximately 40 hours each month to make the schedule. With the system in place, it takes approximately 10–12 hours¹⁵.

RECOMMENDED INITIATIVE: *Enhance Workplace Culture Through Mentoring Programs for New Employees*

Healthcare students that are transferring from the world of school to the world of work sometimes have difficulties. The healthcare workplace is often very different than expected which leads to dissatisfaction and work burnout. A recent study by Julie Sochalski at the University of Pennsylvania shows that 4% of female nurses drop out of the profession within 4 years of earning their R.N. The figure almost doubles for males (7.5%).¹⁶

There are also workplace management issues in the healthcare industry. Because of the high turnover rate, workers tend not to be perceived and valued as long-term employees. Temporary workers have become the norm in many healthcare settings, which further devalues the current employees who will make less money as well as experience increased work burdens since the temporary workers will need to be trained and supervised on specifics.

FIRST STEPS: MARYLAND

The Sinai Hospital of Baltimore has established a new position in some units called a “special assistant”. The purpose of this new position is to foster mentorships between staff nurses and new nurses. The “special assistant” is akin to patient care associates but for the new nurses instead of the patients. It is Sinai Hospital's way of making the work environment and worker retention a priority.¹⁷

¹⁵ California HealthCare Foundation, “The Nursing Shortage: Can Technology Help?”, June 2002, www.chcf.org, accessed July 2003.

¹⁶ Williams, Debra. “Welcome to the Real World”, minoritynurse.com, 2003. www.minoritynurse.com/features accessed July 2003.

¹⁷ The American Organization of Nurse Executives, “Healthy Work Environments: Striving for Excellence Volume II” May 2003, www.aone.org, accessed July 2003.

FIRST STEPS: MARYLAND

In January 2002, North Arundel Hospital received a state Nurse Support Program (NSP) grant. Part of the grant funded six nursing unit “administrative coordinator” positions. Elaine Holman, director of the Hospital Learning Department, recognized that nurse managers are so burdened with paperwork that their time to counsel nurses who are close to burnout and close to resignation is severely limited. Two of the administrative positions were filled in July 2002 in the ICU/CCU and the ED, and results are already evident: goals to sharply reduce the percentage of the nurse manager’s time spent on clerical tasks have been met (from 42 percent to 5 percent) as have goals to increase time devoted to coaching, mentoring and retaining staff (from 10 percent to 57 percent). More tangible evidence for the benefits of giving nurse managers time to counsel and coach their nurses is a drop in nursing staff vacancy rates for both the ICU/CCU and the ED. When the grant was awarded the ICU had a 4.2 percent vacancy rate; it is now zero. The ED vacancy rate had been 12.6 percent; it is now 2 percent.¹⁸

FIRST STEPS: MARYLAND

Carroll County General Hospital’s mentoring program was launched in 2001 as a way to retain new nurses. Experienced clinicians in all service lines were handpicked for the positions, which serve as a primary contact point for a new hire’s first year. The mentor’s full time job is to provide daily support through coaching and answering questions. In carrying out these and other nurse retention changes, Leslie Simmons, R.N., Vice President of Patient Services, has had the support of her executive management team and additional financial resources provided by an \$86,000 state Nursing Support Program grant from the Health Services Cost Review Commission. Replacing just one medical/surgical nurse runs about \$50,000 in hard costs. In the past year, the nursing vacancy rate at the hospital has fallen from 17 percent to just under 5 percent over the past year, and a resulting significant drop in agency FTEs.¹⁹

¹⁸ Maryland Hospital Association.

¹⁹ Maryland Hospital Association

Strategy: Professional Development

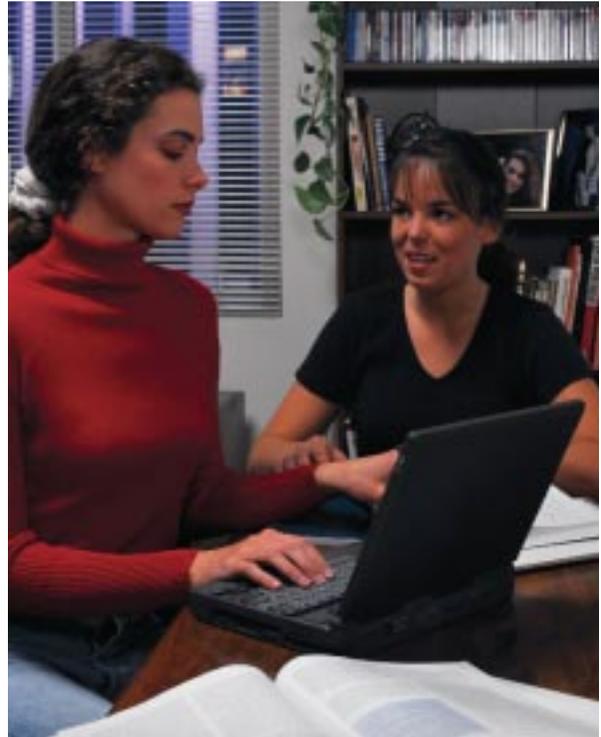
RECOMMENDED INITIATIVE:

Create a Clearinghouse of Training Opportunities

Education remains a critical factor in the supply of workers into the healthcare industry. The capacity for healthcare students needs to be expanded. The amount of faculty and learning facilities is inadequate. Many nursing schools have sizeable waiting lists for students. We also need to increase scholarships, student loans, and loan forgiveness programs in order to entice students to enter the healthcare field. We need to look at the ease with which a person can obtain licensure, whether there can be different skill levels represented, and making the cost of licensure less prohibitive.

Although nursing education can be found in both the community college and four-year institutions in Maryland, most other allied health career fields can only be found at the community college setting. The community college allied health career programs award degrees or certificates depending on the length of required study. Programs range from one to two years. All meet the accreditation, certificate, and/or licensure requirements of the career field. This approval enables students to obtain immediate employment in their chosen field.

With the recent award in the area of Information Technology instruction in nursing and allied



health, the Maryland community colleges are working to define and address the technology challenge in the healthcare arena. Specific focus will be given to strengthening the Information Technology components of instruction in nursing and allied health statewide through curriculum development, recruitment efforts for qualified faculty and students in health fields, and efforts to aid the working professional in updating their skills in existing technologies.

FIRST STEPS: MARYLAND

Maryland currently has several websites devoted to publicizing training opportunities and scholarships for healthcare professionals. These are the following:

- Maryland Higher Education Commission – www.mhec.state.md.us
- Maryland Hospital Association – www.mhaonline.org
- Maryland Board of Nursing – www.mbon.org
- Maryland Association of Community Colleges – www.mdacc.org. Website is a gateway to Maryland's 16 community colleges.

FIRST STEPS: MARYLAND

For twenty years, Maryland community colleges have provided continuing education for nurses. Recognizing the importance of shared planning and communication regarding nursing courses, the continuing education coordinators from the Maryland community colleges formed a consortium during the early 1990s. In 1996, this consortium submitted a proposal to and became accredited by the American Nurses Credentialing Center's Commission on Accreditation as a provider of continuing education for nurses, under the name of The Committee on Nursing and Allied Health (CNAH).

CNAH consists of active registered nurses and allied health professionals from sixteen Maryland community colleges. These coordinators act as a cohesive group to plan, implement and evaluate continuing education courses for nurses and allied healthcare personnel. The overall goal of CNAH is to design and implement a system of quality continuing education for nurses and allied health professionals that is community based, statewide coordinated, shares resources and learning opportunities, adheres to established educational principles, awards ANCC approved contact hours to registered nurses and contributes to continued knowledge/skill competency for healthcare practitioners.

In the past 5 years, CNAH has offered 1,013 courses awarding ANCC contact hours, with 23,864 nurses attending. This amounts to 184,771 contact hours awarded to Registered Nurses in Maryland.

CNAH was reaccredited this spring as a provider of continuing education by the American Nursing Credentialing Center's Commission on Accreditation for another 6 years.

RECOMMENDED INITIATIVE:

Expand Career Pathway Programs to Other Populations

Some of the healthcare industry's difficulties in recruiting and retaining workers are based on perception. Many people do not believe that the allied health and nursing fields are a viable career option. In addition, these fields have been traditionally considered female oriented. Today, many women are choosing to become doctors rather than nurses. In addition, the work environment and responsibilities are considered by many people to be reason enough not to go into these fields. One of the ways to address this problem is to find creative ways to develop programs for attracting and retaining workers in the healthcare industry, as well as publicize a career in healthcare.

One way to address the healthcare personnel crisis is by developing career ladders for incumbent workers. The healthcare industry is the perfect place for this kind of approach because the

opportunities for advancement are limitless. Expanding this kind of opportunity will have a two-pronged impact; there will be a decrease in the vacancy rate for the allied and nursing fields and workers will advance in the healthcare field.

One way of demonstrating the viability of the healthcare industry is to create more career pathway pilot programs, like the STEP program described below. The American Hospital Association Commission on Workforce for Hospitals and Health systems published a report in April 2002 detailing how hospitals can build a thriving career pathway within their current workforce. A summary of this proposal is quoted extensively below.

"Literature and research in employment education and policy have increasingly focused on career ladders or pathways. Typically these pathways focus on high-demand, well-paying employment sectors, such as manufacturing, healthcare or information technology, and have incorporated into one seamless system all the

steps—skills training, work experience and upgrade training—needed to prepare an economically and educationally disadvantaged worker for employment in the field and advancement in a career.

While there are many career pathway models, the most compelling builds a bridge for disadvantaged adults to economic self-sufficiency. In many ways, this vision of the pathway is just another version of what many middle-class Americans take for granted: a way to identify



a promising field and build the necessary competencies to be prepared for a well-paying, long term career.

To move from poverty and a poor education to a promising career, the best route is a path that ensures the participant is prepared for the labor market. To successfully advance individuals, a pathway should include:

- An introduction to career opportunities in a region's high-wage, high-demand employment sectors
- The basic skills needed to succeed in postsecondary education and training
- A transition to entry-level skills training
- Internships and employment
- Continuing upgrade training
- Social supports throughout as necessary

...Not every participant will necessarily take advantage of each component of a pathway like this. One student

may be able to go directly to the entry-level training without any basic skills coursework, for example, while another may never use the upgrade training. By providing a comprehensive set of training and education, however, the system ensures that all students are prepared for their new career, no matter what level they enter the pathway. And since the system is linked from stage to stage, participants do not have to search for the appropriate next step—just as a high school moves students through early classes to more advanced coursework as part of a comprehensive system.

... Career pathways provide a framework to structure the employment and training offered by community colleges, employment and training agencies, social service providers, and the government agencies responsible for training and supporting welfare recipients, the unemployed, and working poor. Individually, no one of these entities can offer the comprehensive services and support needed to assist low-income individuals in gaining long-term economic self-sufficiency. Together, however, these entities have the capacity and resources to provide comprehensive career pathways.

The Elements of a Sector-Based Career Pathway

There is a growing national consensus for organizing workforce development around sectors of employers such as health, information technology, manufacturing and finance. Under this approach, employers, workforce agencies, training providers and community-based organizations jointly develop training and education to meet a sector's workforce needs.

Implementing sectoral training at any scale requires a workforce system that is organized to meet both the needs of employers for skilled workers and the needs of individuals for training in the career field. A successful system must serve the full spectrum of individuals seeking training—those with few skills and no experience in the workplace, those currently employed in minimum wage jobs and those in need of upgrade training to advance in their careers.



To fully meet these needs, a regional system must provide a long-term and focused combination of preparation, training, work experience and upgrade training that helps individuals enter and advance in the workplace.

These career pathways should ideally include three distinct and connected levels of training:

- *Basic skills training.* For those with little in the way of skills and/or work experience, such as many

welfare recipients, a first level of training should offer orientation to career and educational opportunities, basic literacy, numeracy and computer skills. This training should lead directly to college-level skills training for higher wage entry-level jobs. To reach all those in need, basic skills training should be offered both at community colleges and in the community itself, through branch campuses at community-based organizations (CBOs) and adult basic education (ABE) providers.

- *Entry-Level Training.* For those ready to enter into high-wage, high-demand career pathways, college level skills training is the critical transition step. This training requires basic literacy, math and computer skills as a prerequisite. In an ideal career pathway, entry-level training for those who have gained basic skills is relatively quick (up to six months) and offers a direct transition to higher-wage entry-level jobs in the region. Internships and work experience are often a key element of this training. As with basic skills training, to reach all who can potentially benefit, entry-level training should be offered both at community college campuses and in the community itself.

- *Upgrade Training and Education.* This training, targeted to workers with demonstrated skills and work experience, provides additional skills and education needed to advance on a career pathway and meet evolving employer and labor market needs. For maximum impact, this training should be offered at the workplace, at community colleges and in the community.”²⁰

FIRST STEPS: MARYLAND

STEPing Up For Working Parents and Their Employers

The General Assembly stepped up to the challenge of increasing the skills of low-income working parents. Beginning in July 2001, it charged the Board with developing and guiding a \$1 Million competitive grant pilot program to demonstrate how short-term training might impact low-income employees' income and benefits. During the first year, **STEP (Skills-based Training for Employment Promotion)** grants were made through the Department of Labor, Licensing and Regulation to Local Workforce Areas in Baltimore City (\$575,000), Montgomery County (\$415,000) and Prince George's County (\$10,000 planning grant). The results are beginning to come in and STEP is exceeding expectations in every way.

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²⁰ Source: Workforce Strategy Center, Building a Career Pathways System: Promising Practices in Community College-Centered Workforce Development, August 2002, URL: http://www.workforcestrategy.org/publications/Career_Pathways.pdf.

FIRST STEPS: MARYLAND

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First of all, as the General Assembly had hoped, STEP is showing that investing in working parents pays off with significant increases in wages and benefits. What was not necessarily anticipated was that STEP would lead to a groundbreaking agreement among eight Baltimore hospital employers on curricula and skill standards and on paying full-time wages for part-time work and part-time study. The Baltimore City Community College provided training at a convenient hospital site so that transportation and day care support was rarely needed.

As anticipated, Baltimore's STEP parents moved from jobs as janitors, cafeteria workers, transporters, greeters and clerks to positions as surgical, pharmacy and nursing technicians, medical coders and dietary supervisors. What was not necessarily expected, though, was that many participants found that STEP has opened new worlds to them and impressed their children with the importance and benefits of studying hard for lofty goals. Many want to go further on their new career ladders, an unattainable dream when the prospect of paying to go to school at night while working full time and raising a family seemed far beyond their resources or their strength.

Their employers are happy too. They are filling critical skill shortage jobs and reducing turnover costs. They see the 50% funding match and paying workers while they study worth the cost when the payoffs are a more stable workforce, and greater ability to fill high demand jobs with skilled workers.

The numbers are impressive, as well. In Baltimore City, 96 working parents received training, 92 completed their courses, and 89 were almost immediately placed in higher paid positions and realized an average annual salary increase of more than \$6,000. In Montgomery County, 33 of 40 currently employed parents completed training in allied health, technology and customer service. Twenty-four have been promoted and received starting increases averaging \$2,543. Nine are pending promotion.

Early positive results persuaded State leaders to fund a second 2-year pilot program and the Board awarded \$459,000 to Prince George's Workforce Services Corporation, \$437,000 to Baltimore City, and \$100,000 to Southern Maryland Works. All are focusing primarily on nursing and allied health occupations.

The STEP pilot program shows conclusively that training current workers for greater responsibility in areas of skill shortages benefits them, their families and their employers. The pilot so impressed the Open Society Institute that it awarded the Board a generous grant to fund a report that tells the inspiring stories of these working parents and their employers and the very real results that their training for jobs in critical skill shortage areas have produced. Please go to www.mdworkforce.com to download a copy of *Maryland STEPs Up for Working Parents: Training Good Workers for New Opportunities and Helping Employers Fill Critical Jobs*.²¹

FIRST STEPS: MARYLAND

A \$1.17 million grant from the U.S. Department of Labor's Employment and Training Administration has made possible a cutting-edge healthcare training program – School at Work (SAW), "Building a Career in Healthcare." Administered by Louisville-based Hospitality Television (HTV), a distance learning and communications company, and Anne Arundel Community College in Maryland, the program provides accessible education for adults in entry-level healthcare jobs who want to advance in their careers. Employers from five area hospitals, including Mt. Washington Pediatric, St. Agnes HealthCare,

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²¹ The Governor's Workforce Investment Board www.mdworkforce.com, *Maryland STEPs up for Working Parents: Training Good Workers for New Opportunities and Helping Employers Fill Critical Jobs*.

FIRST STEPS: MARYLAND

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University of Maryland Medical Center, University Specialty and Anne Arundel Medical Center in Annapolis are participating. Hospitality Television and Anne Arundel Community College joined forces to focus on building the skills of motivated healthcare employees who require additional education to advance within their organizations. The program presently uses a combination of multimedia technologies to reach 270 employees at the 28 hospitals where they work in Indiana, Kentucky, Maryland and Virginia.²²

FIRST STEPS: MARYLAND

The Service Employees International Union's Community Service/Baltimore Regional Healthcare Training Partnership Program provides training and education to workers at participating healthcare institutions (GBMC, Maryland General, Johns Hopkins, Sinai and St. Elizabeth's). Already more than 200 workers are participating in the program. Through this program, workers can obtain their high school diploma, take a medical terminology course, a study skills course, a customer service course, and/or get their certification in CPR. Workers can also train for an advanced Nursing Aide position, the G.N.A. or C.N.A., Unit Secretary, Central Sterile Tech or other jobs in the healthcare field. Computer classes are offered as well.²³

FIRST STEPS: MARYLAND

Genesis ElderCare is committed to developing their workforce. They have continually promoted career paths including their Grow Our Own Nurses program, Certified Nursing Assistant training courses, and a Director of Nursing in Training program (referred to as DONIT).

Genesis ElderCare offers up to 12 Board of Nursing approved CNA Training Programs per month. In 2002 alone, they graduated over 717 Certified Nursing Assistants. This program was initiated in 1999 to offer opportunities in the workforce for lifelong careers at Genesis. In the Certified Nursing Assistant career path, GNAs are offered a Geriatric Nursing Assistant Specialist Program and sponsorship in local community college Certified Medication Aides Programs in order to enhance their skills and compensation accordingly.

Genesis has also developed and implemented a program, Grow Our Own Nurses, which introduced educational and promotional opportunities to their employees. In launching this program, recruiters held "Grow Our Own Nurses Day" at Genesis nursing centers in Delaware, Maryland and Virginia. The recruiters met with interested employees and reviewed available opportunities, showing them educational paths to achieve their nursing goals. The information reviewed with the employee included available pathways, admission criteria from the academic institutions, prerequisites, credit hours, costs, class time and promotion of the Genesis nursing scholarship program. At the Grow Your Own Nurses program's launch, 334 employees were interested in nursing careers. As a result of the interest in nursing professions, Genesis created a Tuition Assistance Program (TAP) where they advance monies for tuition and related educational expenses up front. There are currently 265 employees enrolled in nursing school under this TAP program. This program has been further expanded to include sponsorship of Nurse Refresher Courses and the promotion of their DONIT program.

²² St Agnes Hospital.

²³ SEIU District 1199E-DC website, www.weiu1199e0dc.org/training.htm.

Strategy: State Policy and Financial Incentives

There is much that can be done at the state level. In fact, the majority of states (90%) have responded to the healthcare worker shortage crisis in some way.

- 46 states have established some sort of task force or commission to study the healthcare worker shortage crisis in their state;
- 42 states have established scholarships or loan repayment programs for students entering the healthcare industry;
- 29 states are working to collect better workforce data in the healthcare industry.
- 27 states have begun initiatives to market healthcare careers;
- 12 states are developing career ladder programs for healthcare occupations; and

- 5 states are attempting to redesign the healthcare industry occupations in order to retain and attract employees as well as increase the productivity of the current workers.²⁴

RECOMMENDED INITIATIVE:

Encourage and Educate K-12 Students to Study Math and Science So That They Will Be Prepared to Enter Training Opportunities in Healthcare.

The education for healthcare begins at the K-12 level. Many students find that they are lacking the math and science skills to be accepted into a healthcare educational program. These skills need to be bolstered while still in the K-12 system. In addition, programs should be implemented where students in high school can work towards credits in healthcare that would be accepted by the Maryland community college system so that they are encouraged to further their education in the healthcare field.

FIRST STEPS: MARYLAND

The Career Pathway Framework for Health and Biosciences

The Maryland State Department of Education and industry representatives from the Health and Bioscience sector in Maryland are developing a career pathway framework for the industry. The framework is developed through facilitated, employer focus group sessions. Participating employers represent Maryland business organizations. The framework includes:

- A map that defines the scope of the industry in Maryland: This map identifies the major types of business functions critical to State competitiveness and growth of the industry.
- The career pathways related to the core business functions and career opportunities: Occupations, reflecting all education levels for each pathway, and industry certifications and degree programs are included in the description. The occupational information aligns with State and federal systems.
- Technical content standards for each career pathway: Critical business activities are used to identify standards. These standards also represent complete functions or end-to-end processes, higher-level responsibilities or roles, and applications across all projects and processes. They link to Maryland's academic content standards and the Skills For Success (i.e. Thinking, Communication, Interpersonal/Teamwork, Technology and Learning). *(continued on next page)*

²⁴ Center for Health Workforce Studies, University at Albany, SUNY, "How are States Responding to Health Care Worker Shortages? An Interim Report", July 2002

FIRST STEPS: MARYLAND

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- Foundation standards representative of the scope of the industry and related career development: This set of standards represents a cross-section of the pathway technical content standards, the academic skills, and Skills For Success. They are the basis for a foundation or first course in a program sequence that introduces students to the industry. The standards are used to develop curricula and assessments.

During the first phase of development, the map and career pathways were produced.

Source: Maryland State Department of Education, February 2003

FIRST STEPS: MARYLAND

Career Academies are one of the school-to-work strategies specifically authorized by the School-to-Work Opportunities Act of 1994. The general intent is to make school more relevant, realistic and engaging for students and to prepare them successfully for the world beyond school. The Baltimore Public School system is using the Career Academy as a model to restructure and rejuvenate all of its comprehensive high schools, some of which had become low performing and had been threatened with state take-over. Baltimore academies represent the typical range of career fields. There are also some unique academies in the system, including a newly formed academy of assistive technology leading to employment in the medical prosthetics field. Most recently the Baltimore academies received a one-year planning grant from a consortium of foundations that are creating schools of excellence to develop an academy of nursing, and have since submitted an implementation grant. If they receive the grant, the nursing academy would open in 2004.²⁵

RECOMMENDED INITIATIVE:

Link Healthcare Scholarships to Maryland Employment

The State of Maryland currently funds 24 financial aid programs, 15 of which provide money for college or pay off existing educational loans in exchange for service commitments, often in identified workforce shortage areas. Included in this number are several programs geared specifically for healthcare fields. For FY 2002, approximately 2,500 awards were given to students, including 1,044 for the entire Hope Scholarship program (which includes but is not limited to healthcare).

Most of the scholarships are geared toward physicians and nursing. In 2001, the Maryland Higher Education Commission released a study which recommended that workforce-related scholarships be consolidated into one program and should be reviewed on a biennial basis to ensure that Maryland has identified the occupations where shortfalls are anticipated. Since there are significant shortages in the allied health field and limited dollars for financial aid, this would be one potential solution. Another potential solution could be to establish a scholarship program specifically for the allied health field.

²⁵ "Career Academies" by Craig Winger and Alan Barber and the Maryland Hospital Association.

FIRST STEPS: MARYLAND

State scholarship opportunities for healthcare fields

- *State Nursing Scholarship and Living Expenses Grant*: For nursing students in MD colleges. Scholarship = up to \$3,000 a year and Living Expenses grant = up to \$3,000 a year.
- *Professional School Scholarship*: For students in MD colleges who plan on becoming physicians, dentists, lawyers, pharmacists, social workers or nurses. Scholarship = \$200–\$1,000 a year.
- *Developmental Disabilities and Mental Health Workforce Tuition Assistance Program*: For MD students in a human service degree program. If awarded, student must agree to work 2,000–4,000 hours with individuals with developmental disabilities in a community-based program. Award = \$2,000 a year for students in 2-year colleges, \$3,000 a year for students in 4-year colleges.
- *Health Manpower Shortage Program – Tuition Reduction for Nonresident Nursing Students*: For non-MD resident students in a MD undergraduate nursing program. If awarded, the student must agree to work in MD as a full-time nurse for 2 years if attended a 2-year program or 4 years if attended a 4-year program. Award = tuition is reduced to MD resident level.
- *Guaranteed Access Grant*: For MD students with very low-income. Grant = pays for most college expenses, as much as \$9,000 a year, depending on the college.
- *Educational Assistance Grant*: For MD students from low or moderate-income families. Grant = \$400–\$2,700 a year.
- *Part-time Grant Program*: For MD students attending college part-time. Grant = \$200–\$1,000 a year.
- *Maryland Hope Scholarship Program*: MD high-school seniors who will attend MD colleges in programs that will lead to jobs in MD with worker shortages. Scholarship = \$1,000 a year for 2-year colleges, \$3,000 a year for 4-year colleges.
- *Hope Scholarship for Community College Transfer Students*: MD community college students who transfer to MD 4-year college. Scholarship = \$3,000 a year.
- *Loan Assistance Repayment Program (LARP)*: For MD residents who work for state or local government or nonprofit agencies. Priority given to those working in areas of MD worker shortages. Award = up to \$7,500 a year.
- *Health Personnel Shortage Incentive Grant Program*: For MD institutions based on increased number of graduates eligible for licensure, certification, or registration in health occupations experiencing worker shortages. Grants = up to \$1,500 per eligible student in excess of the number of eligible students from the base academic year 1990-1991.
- *Physician Assistants and Nurse Practitioners Program*: For institutions with approved physician assistant and nurse practitioner programs in order to increase the number of graduates. Award = approximately \$50,000 in FY 2002.²⁶

²⁶ Maryland Higher Education Commission, State Scholarship Administration, 2001–2002 Academic Year.

FIRST STEPS: MARYLAND

Office of Primary Care and Rural Health maintains a list of practice opportunities for physicians in underserved areas of MD. Physicians who receive Loan Assistance Repayment through MHEC are obligated to work in underserved areas as a condition of their loan assistance. Foreign physicians who want a Federal J-1 Visa Waiver to stay in this country upon finishing their medical education can also fulfill their obligation by working in these practice sites.

FIRST STEPS: MARYLAND

The Maryland Hospital Association Hospitals Scholars Program was started in 2002 and is designed to provide financial assistance to Maryland students preparing for professions in health care and the life sciences. Students considered for the scholarships are required to be Maryland residents enrolled in a Maryland school and within two years of receiving a degree or certificate in a health care related field. They also must demonstrate financial need, success in school and involvement with a member hospital, either as an employee or volunteer. BD Diagnostic Systems is the primary sponsor of the program and has provided \$50,000 in total funding since 2002. MHA is looking to expand this program to other corporate sponsors.²⁷



²⁷ Maryland Hospital Association.

Strategy: Military Healthcare Worker Transition

RECOMMENDED INITIATIVE:

Assist Transitioning Military Healthcare Personnel and Their Spouses in Obtaining Employment in Maryland's Healthcare Industry

One potential source of well-trained healthcare workers is the military. Maryland should welcome military healthcare workers, who are transitioning out of the military, into the State's vacant healthcare positions. The military has significant resources for transitioning military personnel to aid them through the transitional period.

The Veteran Employment and Training Service (VETS) is a division of the Federal Department of Labor and its mission is to provide veterans with resources and services for gaining employment, protecting the veterans' employment rights, and meeting the labor market demand with qualified veterans. In addition, the military has Transition

Support Service Centers located on military installations in which 500 or more service members are assigned. These centers provide the veterans with resources such as libraries, computers, workshops, and job fairs to assist in the employment search. Military installations also have Local Veteran Employment Representatives (LVERs) who assist the veteran in their employment search. These representatives can aid a transitioning person in assessing what educational and employment opportunities are available to them as well as information on the benefits for which the veteran is eligible.²⁸

The major obstacle to hiring these transitioning military personnel is that, although they have healthcare training and experience, they may not have the licensing and certification requirements to practice legally in Maryland. Bringing together the State agencies, employers and these military resources will assist the military personnel into vacant healthcare positions and help alleviate the State healthcare workforce shortage.

FIRST STEPS: MARYLAND

Maryland has recently begun a ProVET program or "Providing Re-Employment Opportunities to Veterans" program which is a job development and placement enhancement to the Transition Assistance Program (TAP). The ProVET program has been designed to place military personnel who are transitioning into the civilian sector into available jobs in targeted industries with a recognized labor shortage. While the program has been used in addressing shortages in other industries in other states, in Maryland the purpose of the program is to identify transitioning military personnel or their spouses with a background or interest in healthcare occupations and provide them with the resources to make a smooth transition into careers in Maryland's health services industry.

Representatives from Maryland's State agencies, the State licensing boards, healthcare employers, and Veterans Employment and Training Service have formed a military healthcare committee. This committee is currently focusing on selected military occupations and creating a crosswalk from the military positions to the civilian occupations they most closely represent. In addition, the committee is reviewing and facilitating educational opportunities and certification and assisting in licensure requirements for the military personnel and their spouses who would like a career in the Maryland healthcare industry.

²⁸ Larry Woods. "Resources to Help Military Service Members Make Successful Transitions to the Civilian Workforce. June 1, 2003. www.ncda.org/crs.htm. Accessed August 2003.

Thanks to the members of the Maryland Governor's Workforce Investment Board Healthcare Steering Committee!

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Charting New Directions

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